

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
**RENEWAL APPLICATION FOR MANUFACTURED HOME RETAILER
RESPONSIBLE MANAGING EMPLOYEE LICENSE***
In Accordance With Idaho Code Title 44 Chapter 21

FULL NAME _____

RESIDENCE ADDRESS _____

CITY/ STATE/ ZIP CODE _____

TELEPHONE # _____

SOCIAL SECURITY NUMBER _____ LICENSE # _____

E-MAIL ADDRESS _____

**PLEASE MAKE FEE PAYABLE TO THE DIVISION OF BUILDING SAFETY IN THE AMOUNT OF
\$45.00 AND MAIL IT TO:**

DIVISION OF BUILDING SAFETY
MANUFACTURED HOUSING SECTION
1090 E. WATERTOWER ST, STE 120 MERIDIAN, ID 83642

I DESIRE TO ACT AS A RESPONSIBLE MANAGING EMPLOYEE FOR A MANUFACTURED HOME RETAILER IN THE STATE OF IDAHO. I DO SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS CONTAINED IN THE FOREGOING APPLICATION ARE TRUE AND CORRECT. I UNDERSTAND THAT THE DIVISION OF BUILDING SAFETY MAY INVESTIGATE THE MATTERS WHICH I HAVE STATED IN THIS APPLICATION AND, BY MY EXECUTION HEREOF, I CONSENT TO ALLOW ANY PERSONS OR ENTITIES CONTACTED TO DISCLOSE INFORMATION TO THE DIVISION OF BUILDING SAFETY. I (HAVE) _____ OR (HAVE NOT) _____ PREVIOUSLY BEEN DENIED OR HAD REVOKED A RESPONSIBLE MANAGING EMPLOYEE LICENSE IN THIS OR ANY OTHER STATE. (IF YOU HAVE HAD A LICENSE DENIED OR REVOKED, PLEASE PROVIDE A WRITTEN STATEMENT SETTING FORTH THE DATE OF DENIAL OR REVOCATION, THE STATE IN WHICH THE ACTION OCCURRED, AND THE GROUNDS FOR THE ACTION.)

SIGNATURE OF APPLICANT

DATE SIGNED

***A responsible managing employee license is only valid for as long as such responsible managing employee is employed by the certifying retailer. This license must be turned in to the retailer upon termination. It is the responsibility of the retailer company to immediately return the responsible managing employee license to the Division of Building Safety.**

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MANUFACTURED HOME RETAILER RESPONSIBLE MANAGING EMPLOYEE CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE APPLICATION IS A BONA FIDE EMPLOYEE OF:

PRINT OR TYPE MANUFACTURED HOME RETAIL CO. NAME TELEPHONE # RETAILER #

PHYSICAL ADDRESS

MAILING ADDRESS

SIGNATURE OF OWNER, CORPORATION OFFICER, OR DESIGNATED PERSON

DATE SIGNED

DEPARTMENT USE ONLY

RENEWAL _____ CONTINUING EDUCATION _____

LICENSE # _____ DATE ISSUED _____ RECEIPT # _____